



## Expected Practices

Specialty: Podiatry

Subject: Plantar Warts in Adults

Date: September 27, 2014

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### **Purpose:**

To provide practice recommendations for treatment of plantar warts in the Primary Care setting and continuation of that care in the patient's home setting.

### **Target Audience:**

Primary Care Providers (PCPs).

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

## Expected Practice:

Presenting Conditions	Appropriate Actions
<b>Plantar wart (verrucae) — treatment in PCP office</b>	<p><b>When possible debride the wart.</b> Sharp debridement with a scalpel and/or use of file to reduce the hyperkeratosis surrounding the viral warty tissue prior to medication application hastens the healing process. Some members of the team may be hesitant to employ the use of sharp debridement and in that case, vigorous use of a filing instrument also can be an effective mode of treatment along with the medication application.</p> <p><b>Mediplast or Duofilm (Salicylic) patch or 12% Salicylic liquid if patch is unavailable</b> can then be utilized. The plaster is best applied to the wart and a few millimeters of surrounding skin, taped into place with duct or athletic tape and kept dry for 48 to 72 hours. The patch is then removed; the wart is pared down again. The patch must be taped securely in place because it destroys all skin it contacts. If it gets wet, it must be reapplied. [Note: Salicylic acid treatment should not be used in neuropathic patients because of the inability to judge the extent of tissue damage resulting from therapy and a risk for poor healing.]</p> <p>In cases with multiple, contiguous lesions always focus treatment on the main, central lesion. In most cases the satellite lesions will dissipate when the central lesion has been eliminated.</p> <p><b>Liquid Nitrogen (Cryotherapy)</b> can be used as an alternative to Salicylic, especially for treatment of children and for treatment of conditions on the hand. After treatment, simply cover the site with a band aid. Repeated treatments may be required every other week for up to 6 weeks for persistent warts.</p>
<b>Continued treatment by Patient at Home</b>	<p>All products come with instructions for application. Patients generally should be advised to apply the patch at bedtime after soaking the affected area in warm water for 10 to 20 minutes.</p> <p>Paring is done with a nail file or Emory board (included with some patches) or pumice stone by the patient between treatments, and/or with a scalpel blade by the provider in the office immediately before application of topical agents.</p>

	<p>Irritation, when it occurs, is usually a sign that the treatment is effective and will result in sloughing of tissue with dead wart virus. Medication is used less often in very painful areas; balancing therapeutic responses and patient discomfort can be difficult. The response to therapy is assessed after two to three weeks. Treatment is often continued for one to two weeks after clinical removal of the verruca to help reduce recurrence and ensure complete removal of any residual virus.</p>
<b>When to Refer to Podiatry</b>	<p>Refer to Podiatry via eConsult any warts that appear ulcerative or that have irregular shape or are purple, red, or blue-black in color.</p> <p>Refer to Podiatry via eConsult warts that have proven to be recalcitrant to local therapy after 2 months. These sites might require excision.</p>